

Authorization for the Administration of Medication by Camp Personnel

In Connecticut, licensed Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the CT State Statutes and Regulations. Parents/guardians requesting medication administration to their child from camp staff shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and date of the prescription. All unused medication will be destroyed within one week following the camper's departure at the end of camp.

Authorized Prescriber's Order (Physician, Dentist, Physician Assistant, Advanced Practice Registered Nurse):

Name of Child _____ Date of Birth ___/___/___ Today's Date ___/___/___

Medication Name _____ Controlled Drug? Yes ___ No ___

Dosage _____ Route _____ Time of Administration _____

Specific Instructions for Medication Administration _____

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___

Relevant Side Effects of Medication _____

Plan of Management for Side Effects _____

Known Food or Drug Allergies: Yes ___ No ___ Reactions to? Yes ___ No ___ Interactions with? Yes ___ No ___

If "yes" to any of the above, please explain _____

*This medication is an emergency medication and NOT a controlled substance, and the camper is authorized to carry and self-administer the above prescribed medication: Yes ___ No ___

Prescriber's Name _____

Prescriber's Address _____

Phone Number (_____) _____ Fax Number (_____) _____

Prescriber's Signature _____



Use for Prescriber's Stamp

Parent/Guardian Authorization:

- I request that medication be administered to my child as described and directed above, and agree to provide the camp with the medication according to CT State Regulations described above, in a quantity appropriate for my child's stay at camp.
- If applicable, I authorize my child to carry and self-administer the above-prescribed **emergency** medication. Yes ___ No ___

Parent/guardian

Signature _____ Relationship to Child _____ Date ___/___/___

Camper Agreement (only for emergency medications to be self-carried and administered):

- I have been trained and understand how and when to use my medications. I accept the responsibility to carry my medication with me at all times, to not share it with anyone else, and to inform the camp health staff when I have used it.

Camper Signature _____

Signature of Camp Personnel receiving Written Authorization and Medication _____

Title/Position _____ Date ___/___/___